

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/582863	FILING DATE							
						APPLICANTS								
CLAIMS														
CL.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CL.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/		/	/			61							/
2	/		/	/			62							/
3	/		/	/			63							/
4	/		/	/			64							/
5	/		/	/			65							/
6	/		/	/			66							/
7	/		/	/			67							/
8	/		/	/			68							/
9	/		/	/			69							/
10	/		/	/			70							/
11	/		/	/			71							/
12	/		/	/			72							/
13	/		/	/			73							/
14	/		/	/			74							/
15	/		/	/			75							/
16	/		/	/			76							/
17	/		/	/			77							/
18	/		/	/			78							/
19	/		/	/			79							/
20	/		/	/			80							/
21							81							/
22							82							/
23							83							/
24							84							/
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26							86							/
27							87							/
28							88							/
29							89							/
30							90							/
31							91							/
32							92							/
33							93							/
34							94							/
35							95							/
36							96							/
37							97							/
38							98							/
39							99							/
40							100							/
TOTAL IND.	4		4				TOTAL IND.							3
TOTAL DEP.	17	→	15	→			TOTAL DEP.							41
TOTAL CLAIMS	21		19				TOTAL CLAIMS							44

PTO-1350 (3-70)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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